



## Certification Application

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Currently an SBOA member in good standing? Yes, since yyyymmdd \_\_\_\_\_ No \_\_\_\_\_

Currently appointed as Building Official? Yes, since yyyymmdd \_\_\_\_\_ No \_\_\_\_\_

Currently hold SK Building Official Licence? Number and Class \_\_\_\_\_ No \_\_\_\_\_

Application New \_\_\_\_\_ or Upgrade \_\_\_\_\_ Current designation \_\_\_\_\_

Applying for BCQ Level 1 \_\_\_\_\_ BCQ Level 2 \_\_\_\_\_ BCQ Level 3 \_\_\_\_\_

CBO Level 1 \_\_\_\_\_ CBO Level 2 \_\_\_\_\_ CBO Level 3 \_\_\_\_\_

### A. For All BCQ and CBO Levels

Passed Challenge Exam	Date	Equiv.?	Equivalents	Date Obtained
SBOA Level 1 Exam No. 1	yyyymmdd		SK Building Official Licence Class _____	yyyymmdd
SBOA Level 1 Exam No. 2	yyyymmdd			
SBOA Level 2 Exam No. 3	yyyymmdd		ACBOA Designation _____	yyyymmdd
SBOA Level 2 Exam No. 4	yyyymmdd			
SBOA Level 2 Exam No. 5	yyyymmdd		Equivalent to ACBOA Designation from another BOA _____	yyyymmdd
SBOA Level 3 Exam No. 6	yyyymmdd			
SBOA Level 3 Exam No. 7	yyyymmdd			
SBOA Level 3 Exam No. 8	yyyymmdd			
SBOA Level 3 Exam No. 9	yyyymmdd			
SBOA Level 3 Exam No. 10	yyyymmdd			

### B. For All CBO Levels

Length of time appointed as Building Official at **Level 1** from yyyymmdd \_\_\_\_\_ to yyyymmdd \_\_\_\_\_

Approximate number of plan reviews and/or inspections at Level 1 \_\_\_\_\_

Length of time appointed as Building Official at **Level 2** from yyyymmdd \_\_\_\_\_ to yyyymmdd \_\_\_\_\_

Approximate number of plan reviews and/or inspections at Level 2 \_\_\_\_\_

Length of time appointed as Building Official at **Level 3** from *yyyyymmdd* \_\_\_\_\_ to *yyyyymmdd* \_\_\_\_\_

Approximate number of plan reviews and/or inspections at Level 3 \_\_\_\_\_

Copies of supporting documents attached:

- successful exam letters
- appointment certificates or letters
- licence
- other

\_\_\_\_\_

**AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION BY APPLICANT**

I authorize SBOA to publish my name, my location (municipality only), and any designation I may be granted by SBOA in lists of persons with BCQ and/or CBO designations.

If I apply to other provincial Building Official associations for designation, I authorize SBOA to share my membership status, my certification status, my maintenance status, and any related disciplinary matters to those Building Official associations.

Signature \_\_\_\_\_

**AFFIRMATION BY APPLICANT**

I hereby affirm that the information contained in this application is true and correct.

Signature \_\_\_\_\_ Date of Application *yyyyymmdd* \_\_\_\_\_

**VERIFICATION OF WORK EXPERIENCE BY SUPERVISOR/MANAGER/EMPLOYER**

(attach additional sheets if required)

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

As the applicant's supervisor/manager/employer, I hereby confirm that the applicant has performed plan reviews and/or inspections as indicated in this application.

Signature \_\_\_\_\_ Date *yyyyymmdd* \_\_\_\_\_